PLACE OF BIRTH	
Comit at ATIZ	ONA STATE BOARD OF HEALTH
District of Laver Manie BUREAU O	F VITAL STATISTICS State Index No. 154
·	
OT .	County Registrar No. 9
City ofNo. 79	Grover Carryon St. Was a hospital or institution, give its NAME instead of street and number
(If birth occurred in	a hospital or institution, give its NAME instead of street and number
2. Full name of child fre Concepcion	Raminia   5 If child is not yet named, mail supplemental report, as directed
3. Sex of Child To be answered ONLY ) 4. Twin, triplet of	
male births. 5. No., in order	of hirth Der
8. FATHER	14. MOTHER
Full name Chanciges Rassiving	Full maiden name Paniana Delakira
9. Residence	15. Residence
(Usual place of abode) main, Myor  If nonresident, give place and state	15. Residence (Usual place of abode) Mami, Augunt If nonresident, give place and state
10. Color or race	16. Color or race
Thex. can 11. Age at last birthday 33 (Ye	
	111 1191 01 1010 11 10100 1 10100 1 10100 1
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country) Mexico	(State or country) mexico
13. Occupation Laborer	. 13. Occupation Housewife
Nature of industry Coaks Smeltin	Nature of industry
70. Number of children of this mother (10) Rorn eline and	3
Taken as of time of birth of child herein (b) Born alive and no	w living
ertified and including this child.) (c) Stillbern	o yes
CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE*
necessy termy that I attended the birth of this child, who was	(Born alive en stillborn) at 2:40 m, on the date above stated,
*When there was no attending physician or midwife, then the father, householder, etc., Signature should make this return. A stillhorn child	The of sulfered of sulfered of
should make this return. A stillborn child	Ottmiller
is one that neither breathes nor shows other	riami, ani (Physician or midwide)
supplemental report	Ule 3/ 1024 ( E. Dyvan
Month, day, year.	Legal Registrer.
	10 125 34 201
Rogistrar, Filed	
Registrar. Filed 199-1208-0	County Registrar.